LIFESECURE INSURANCE COMPANY - NAIC 77720

LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: LS 0002 CA 07 07 (2.8 Years)

1. Maximum	Policy Bei	nefit (MPB) =	In year(s).	Enter the nu	mber of days	in Company I	Notes.		
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other	
		YES							
РВ									
ompany	1,013 (Numbe	er of Days) times	s the Nursing F	acility Daily Be	nefit = 2.8 Years	s. Other Notes:			
otes:									
Mureina L	Jomo/Eacili	ty Daily Bon	ofit Amount	te (NUR) T	horo is a mir	nimum and ma	vimum ama	ount offered in	dollar increments.
Minimum	Maximum	Increment	Day	Week	Month	None	Other	Juni Onerea in	dollar increments.
\$2,250	\$15,000	\$1	NO	NO	YES	NO	NO	1	
VHB	\$15,000	ψι	NO	INO	TES	INO	INO		
	Enter Notes	None reported b	ov the company	,					
Notes:	Zinoi riotoo.	rtorio roportou s	by the company	•					
	ol Coro Foo	ility Daily B	onefit /DCF	E) Dansaa	into the DCE	C norsentess	of the Nivrei	na Facility Lim	-:4
			•			E percentage (or the Nursi	ng Facility Lift	III.
100%	90%	80%	75%	70%	Other	1			
YES									
RCFE Company	Enter Notes	None reported b	ov the company	,					
Notes:	Linter Notes.	None reported t	by the company	•					
	re Benefit /	\max.mta/UC	'D\ Dansaa	anta tha nam	aantaga af I I	ama Cara Dar	a of it Amazum	t for Compreh	anaiva Daliaina
		•	•	•				•	nensive Policies.
100% YES	90%	80%	75%	70%	60%	50%	None	Other	
ICB									
	Enter Notes	None reported b	ov the company	,					
Notes:	Lintor Hotoo.	rtorio roportou s	by the company	•					
. Home Ca	re Only Ber	nefit Amount	ts (HCBO) -	There is a n	ninimum and	maximum am	ount offered	d in dollar incr	ements.
Minimum	Maximum	Increment	Day	Week	Month	None	Other		
						YES			
НСВО									
	Not Applicable	e: This LTC police	cy form is not a	Home Care O	nly policy.				
Notes:									
S. Qualificat	tion for Ber	nefits (QB)							
QB_2_OF_6		, ,	QB_MN	QB_CI	QB_90DR	QB_OTH2			
YES	QB_Z_UF_/	QB_UINI	QD_IVIIN	YES	QB_90DR	QB_UTH2	1		
QB				IES					
QБ Company	The need for hi	ıman assistance o	or continual supe	rvision to perform	at least 2 of 6 A	ctivities of Daily Livi	ing or due to sev	vere cognitive impa	airment
Notes:	THE HEEU IOI HU	aman assistance t	n continual supe	vision to penom	ratioast 2 of 0 At	Suvides of Daily LIVI	ing or due to set	rore cognitive impa	mmont.
INULES.									

7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other					
NO	NO	NO	NO	YES	NO	YES	NO	NO					
EP Company	E N	M			-								
Notes:	Enter Notes:	Enter Notes: None reported by the company.											

8. Inflation Protection (IP)

		5%		Guaranteed Purchase	
IP Methodolog	ду	Compound	5% Simple	Option	Other
Explain IP Metho	odology: None reported by the company.	YES	NO	YES	YES
IP Company Notes:	Enter Notes: 3% Compound				

9. Waiver of Premium (WAVP)

Enter Notes: Premium is waived beginning on the first day the policyholder begins receiving benefits.

LIFESECURE INSURANCE COMPANY - NAIC 77720

Long Term Care Insurance Rates

POLICY FORM: LS 0002 CA 07 07 (2.8 Years)

LTC Individual - Comprehensive - Tax Qualified

	30 Day Elir	mination Per	riod		90 Day Elimination Period - Calendar					
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	INFLATION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION		
50					\$643	\$1,749				
55					\$763					
60					\$1,019	\$2,609				
65					\$1,469	\$3,467				
70					\$2,548	\$5,172				
75					\$4,716	\$8,064				
80					\$6,421	\$9,503				

Customer Service Telephone Number: (866) 582 - 7701